of the specific gamma globulin per year. This would demand a pool of about 1,300 liters of the high-titered plasma, or 5,200 donations of a pint of blood. Even if each donor were bled five times yearly, more than 1000 high-titered persons would be needed for California. Fortunately, the problem of donor procurement is not so formidable. By the technique of plasmapheresis, donors can be used every week or two and 500 ml of plasma can be harvested each time by withdrawing two pints of blood in sequence at each visit and returning the red cells immediately. By this method, a valuable donor can be the source of as much as 20 liters of plasma a year, so that 65 donors might supply the needed pool. However, restimulation of these anti-Rh serum producers through the use of injections of small amounts of Rh-positive cells would be necessary.

Considering the numerous difficulties already enumerated and several others not mentioned, the years of research and the free distribution of the product for clinical trial in thousands of cases, the present cost of $45 per milliliter for the commercial anti-Rh gamma globulin (RhoGAM®) is not unreasonable. At this rate, California would need to expend almost $1,000,000 for material alone. The necessary testing of each woman and her infant before using this prophylaxis would add to the cost per patient and this still would not include the cost of professional care.

To try to reduce this high cost of protection for Rh-negative women, departments of maternal and child health in several states are considering ways and means of procuring their own anti-Rh gamma globulin concentrate. The Division of Biologic Laboratories of the Department of Public Health of Massachusetts, with the participation and support of the Maternal and Child Health Department of the City of Boston, and in cooperation with the Blood Grouping Laboratory and the Children's Hospital in Boston, has already processed its first lot of serum and expects to be able to take care of its needs at a quarter of the cost of the commercial serum. Other public health departments should eventually be able to do likewise.

Whatever the cost, it is obviously necessary now to protect every woman who is at risk from Rh sensitization. Very likely we can expect that protection against Rh-sensitization will be practiced widely and soon. Numerous articles about it have appeared in state and national medical journals. In addition, a few feature stories about this important medical advance have been published in magazines, daily papers, and Sunday supplements. Rh-negative women are and will be demanding "the Rh serum" after delivery. Thus prompted, no physician can afford to be tardy in offering his patients the latest method of prophylaxis against Rh immunization. When prophylaxis is universally carried out, Rh disease or erythroblastosis fetalis a generation from now will be of historic interest only.

LOUIS K. DIAMOND, M.D.
Department of Pediatrics, University of California-San Francisco Medical Center

A Word of Thanks

MOST PRACTICING PHYSICIANS have probably never heard of the Health Insurance Benefits Advisory Council (HIBAC). Its chronicle is recounted elsewhere in this issue. The government officials charged with the administration of Medicare (Title XVIII of the Social Security Act) have relied heavily upon advice sought and received from qualified persons outside of government. Many Californians are among those who have contributed their professional expertise both officially and unofficially.

We who work in the vineyards of medical practice are much in the debt of those of our members who have taken the time, first to become qualified in the technology of this complex field, and then to spend the countless hours it has taken to put their knowledge and experience to good use. It is we and our patients who have benefited, and we are pleased and proud to take this opportunity to commend those physicians who have undertaken this much needed yet essentially selfless task.